

PHA 5-Year and Annual Plan 2011 Tn015v01	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Athens Housing Authority PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing PHA Fiscal Year Beginning: (MM/YYYY): 10/2011					PHA Code: TN015			
						<input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)			
	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 441 Number of HCV units: 160								
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only								
4.0	PHA Consortia	NA	<input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)						
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program				
					PH	HCV			
					PHA 1:				
					PHA 2:				
	PHA 3:								
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.								
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Not Applicable – Required only in Five-Year Plan								
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Not Applicable – Required only in Five-Year Plan								
6.0	PHA Plan Update <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Eligibility, Selection and Admissions Policies: The AHA has revised the definition of family status in the ACOP and presented to the AHA Board of Commissioners for approval after the thirty day resident comment period.</p> <p>Financial Resources: The AHA Financial Statement including PHA Operating and Capital Funds, Rental Income, Investments etc. change on an annual basis. The AHA maintains this information on file and makes it available for HUD and public review at the AHA Administration Office.</p> <p>Operations and Management: The AHA has revised their Collection Policy. The revision was presented to the AHA Board of Commissioners for approval after the thirty day resident comment period.</p> <p>Fiscal Year Audit: The AHA's most recent Audit is on file at the AHA Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The AHA has completed the required VAWA Policy.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Athens Housing Authority Administration Office, 199 Clark Street, Athens, Tennessee 37303</p>								
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>								
	Not Applicable – Required only in Five-Year Plan								

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached Forms HUD 50075.1 for FFY 2011 Annual Statement and Performance and Evaluation Reports for all open CFP Grants.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See attached Form HUD 50075.2 for CFP Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Not Applicable
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan.
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Attached (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Attached (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Attached (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Attached (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) NA (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. Attached (g) Challenged Elements None (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Attached (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attached

ATTACHMENTS

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

Line	Summary by Development Account	<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		Total Actual Cost ¹	
		<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Obligated	Expended
		Original	Revised ²	Original	Revised ²	Total	Actual Cost ¹		
1	Total non-CFP Funds	0	0	0	0	0	0		
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0	0	0		
3	1408 Management Improvements	36,000	36,000	36,000	36,000	36,000	36,000		
4	1410 Administration (may not exceed 10% of line 20)	32,500	32,500	32,500	32,500	32,500	32,500		
5	1411 Audit	0	0	0	0	0	0		
6	1415 Liquidated Damages	0	0	0	0	0	0		
7	1430 Fees and Costs	44,000	44,000	44,000	44,000	44,000	44,000		
8	1440 Site Acquisition	0	0	0	0	0	0		
9	1450 Site Improvement	44,393	44,393	44,393	44,393	44,393	44,393		
10	1460 Dwelling Structures	295,000	295,000	295,000	295,000	295,000	295,000		
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0	0	0		
12	1470 Non-dwelling Structures	0	0	0	0	0	0		
13	1475 Non-dwelling Equipment	100,500	100,500	100,500	100,500	100,500	100,500		
14	1485 Demolition	0	0	0	0	0	0		
15	1492 Moving to Work Demonstration	0	0	0	0	0	0		
16	1495.1 Relocation Costs	0	0	0	0	0	0		
17	1499 Development Activities ⁴	0	0	0	0	0	0		

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary																																								
PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P01550111 Replacement Housing Factor Grant No:	Federal FY of Grant 2011	FFY OF Grant Approval: 2011																																					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account																																								
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report																																								
<table border="1"> <thead> <tr> <th></th> <th>Total Estimated Cost</th> <th>Total Actual Cost¹</th> </tr> <tr> <th></th> <th>Original</th> <th>Revised²</th> </tr> </thead> <tbody> <tr> <td>18a 1501 Collateralization or Debt Service paid by the PHA</td> <td>0</td> <td></td> </tr> <tr> <td>18b 9000 Collateralization or Debt Service paid Via System of Direct Payment</td> <td>0</td> <td></td> </tr> <tr> <td>19 1502 Contingency (may not exceed 8% of line 20)</td> <td>61,377</td> <td></td> </tr> <tr> <td>20 Amount of Annual Grant: (sum of lines 2 – 19)</td> <td>613,770</td> <td></td> </tr> <tr> <td>21 Amount of line 20 Related to LBP Activities</td> <td>0</td> <td></td> </tr> <tr> <td>22 Amount of line 20 Related to Section 504 Activities</td> <td>0</td> <td></td> </tr> <tr> <td>23 Amount of line 20 Related to Soft Costs</td> <td>36,000</td> <td></td> </tr> <tr> <td>24 Amount of Line 20 Related to Security – Hard Costs</td> <td>0</td> <td></td> </tr> <tr> <td>25 Amount of line 20 Related to Energy Conservation Measures</td> <td>0</td> <td></td> </tr> <tr> <td>Signatures of Executive Director</td> <td>Date</td> <td>Signature of Public Housing Director</td> <td>Date</td> </tr> </tbody> </table>					Total Estimated Cost	Total Actual Cost¹		Original	Revised²	18a 1501 Collateralization or Debt Service paid by the PHA	0		18b 9000 Collateralization or Debt Service paid Via System of Direct Payment	0		19 1502 Contingency (may not exceed 8% of line 20)	61,377		20 Amount of Annual Grant: (sum of lines 2 – 19)	613,770		21 Amount of line 20 Related to LBP Activities	0		22 Amount of line 20 Related to Section 504 Activities	0		23 Amount of line 20 Related to Soft Costs	36,000		24 Amount of Line 20 Related to Security – Hard Costs	0		25 Amount of line 20 Related to Energy Conservation Measures	0		Signatures of Executive Director	Date	Signature of Public Housing Director	Date
	Total Estimated Cost	Total Actual Cost¹																																						
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II Supporting Pages

PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P01550111 CFFP (Yes/No): No	Federal FFY of Grant: 2011			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost
				Original	Revised ¹
TN015-001 Clem Jones	Ranges/Refrigerators	1475	70 units	52,500	
TN015-002 W.E. Nash	Ranges/Refrigerators	1475	12 units	9,000	
TN015-003 Ester Bloom	Ranges/Refrigerators	1475	18 units	13,500	
TN015-005 Westwood Heights	Roofing	1460	55 units	165,000	
TN015-006 Ross Arrants	Roofing	1460	50 units	130,000	
TN015-010 Pruett	Ranges/Refrigerators	1475	34 units	25,500	
PHA-WIDE Management Improvements	Police and Security	1408	1	36,000	
PHA-WIDE Administration	Advertising	1410	1	500	
	Modernization Coordinator	1410	1	20,000	
	Employee Benefits	1410	1	12,000	

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Part III: Implementation Schedule for Capital Fund Program

Federal FY of Grant: 2011					
Reasons for Revised Target Dates ¹					
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)	
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Original Expenditure End Date	Actual Expenditure End Date
TN015-001 Clem Jones	09/30/2013			09/30/2015	
TN015-002 W.E. Nash	09/30/2013			09/30/2015	
TN015-003 Ester Bloom	09/30/2013			09/30/2015	
TN015-005 Westwood Heights	09/30/2013			09/30/2015	
TN015-006 Ross Arants	09/30/2013			09/30/2015	
TN015-010 Pruett	09/30/2013			09/30/2015	
PHA-WIDE Management Improvements	09/30/2013			09/30/2015	
PHA-WIDE Administration	09/30/2013			09/30/2015	
PHA-WIDE Fees and Costs	09/30/2013			09/30/2015	

Part III: Implementation Schedule for Capital Fund Program

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN137P01550110	Replacement Housing Factor Grant No:	FFY of Grant: 2010 FFY of Grant Approval: 2010	
		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	36,000	30,000	30,000	14,619
4	1410 Administration (may not exceed 10% of line 20)	32,000	27,770	27,770	15,698
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	44,000	47,202	47,202	24,491
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	36,474	0	0	0
10	1460 Dwelling Structures	522,200	592,494	592,494	32,136
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs ⁴	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

1 To be completed for the Performance and Evaluation Report

2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

3 PHAs with under 250 units in management may use 100% of CFP Grants for operations

4 RHF funds shall be included here

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				Federal FY of Grant: 2010 FFY OF Grant Approval: 2010
PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P01550110 Replacement Housing Factor Grant No: 2010			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11 <input type="checkbox"/> Summary by Development Account				
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				
Type of Grant	Total Estimated Cost	Original	Revised²	Total Actual Cost⁴
18a 1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b 9000 Collateralization or Debt Service paid via System of Direct Payment	0	0	0	0
19 1502 Contingency (may not exceed 8% of line 20)	26,782	0	0	0
20 Amount of Annual Grant: (sum of lines 2 – 19)	697,486	697,466	697,466	86,943
21 Amount of line 20 Related to LBP Activities	0	0	0	0
22 Amount of line 20 Related to Section 504 Activities	0	0	0	0
23 Amount of line 20 Related to Security – Soft Costs	36,000	30,000	30,000	30,000
24 Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25 Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director 	Date 7.13.11	Signature of Public Housing Director 	Date	

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Annual Statement/Performance and Evaluation Report
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Part II Supporting Pages

PHA Name:		Grant Type and Number		CFFP (Yes/No): No		Federal FFY of Grant: 2010	
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Revised ¹	Funds Obligated ²	Funds Expended ²
TN015-003	Heating System	1460	18 units	63,000	92,450	92,450	8,360
Ester Bloom							
TN015-006	VCT Flooring	1460	55 units	0	83,495	83,495	0
Ross Arrants	Plumbing Replacement	1460	12 units	25,000	0	0	0
TN015-007	Heating System	1460	62 units	217,000	200,165	200,165	13,512
Forrest Hills							
TN015-009	Floor Tile	1460	20 units	25,000	29,145	29,145	1,080
Ridgeview	Bathroom Heat/Vent	1460	20 units	6,000	0	0	0
TN015-010	Heating System	1460	26 units	91,000	109,278	109,278	0
Pruett	Bathroom Heat/Vent	1460	34 units	10,200	32,096	32,096	9,184
	Roofing	1460	34 units	85,000	45,865	45,865	0
PHA-WIDE	Police and Security	1408	1	36,000	30,000	30,000	14,619
Management Improvements							
PHA-WIDE Administration	Modernization Coordinator	1410	1	20,000	19,232	19,232	10,735
	Employee Benefits	1410	1	12,000	8,538	8,538	4,963
PHA-WIDE Fees and Costs	Clerk-of-the-Works	1430	1	14,000	9,847	9,847	5,814
	A/E Fees	1430	1	30,000	37,355	37,355	18,677

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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Program

PHA Name:	Athens Housing Authority	Federal FY of Grant: 2010				
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
		Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN015-003 Ester Bloom		07/14/2012	12/31/2010	07/14/2014		
TN015-006 Ross Arrants		07/14/2012	12/31/2010	07/14/2014		
TN015-007 Forrest Hills		07/14/2012	12/31/2010	07/14/2014		
TN015-009 Ridgeview		07/14/2012	12/31/2010	07/14/2014		
TN015-010 Pruett		07/14/2012	12/31/2010	07/14/2014		
PHA-WIDE Management Improvements		07/14/2012	12/31/2010	07/14/2014		
PHA-WIDE Administration		07/14/2012	12/31/2010	07/14/2014		
PHA-WIDE Fees and Costs		07/14/2012	12/31/2010	07/14/2014		
PHA-WIDE Site Improvements		07/14/2012	12/31/2010	07/14/2014		

Part III: Implementation Schedule for Capital Fund Program

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P01550109	Replacement Housing Factor Grant No:		
Date of CFFF:				
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Original	Revised ²	Total Actual Cost ¹
Line	Summary by Development Account	Original	Revised ²	Total Actual Cost ¹
1	Total non-CFP Funds	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0
3	1408 Management Improvements	35,000	35,400	35,400
4	1410 Administration (may not exceed 10% of line 20)	32,500	30,840	30,840
5	1411 Audit	0	0	0
6	1415 Liquidated Damages	0	0	0
7	1430 Fees and Costs	41,000	41,391	41,391
8	1440 Site Acquisition	0	0	0
9	1450 Site Improvement	0	0	0
10	1460 Dwelling Structures	562,174	595,163	404,881
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0
12	1470 Non-dwelling Structures	0	0	0
13	1475 Non-dwelling Equipment	0	0	0
14	1485 Demolition	0	0	0
15	1492 Moving to Work Demonstration	0	0	0
16	1495.1 Relocation Costs	0	0	0
17	1499 Development Activities ⁴	0	0	0

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PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P01550109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009 FFY OF Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11 Line Summary by Development Account			
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
		Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0
18b	9000 Collateralization or Debt Service paid via System of Direct Payment	0	0
19	1502 Contingency (may not exceed 8% of line 20)	32,120	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	702,794	702,794
21	Amount of line 20 Related to LBP Activities	0	0
22	Amount of line 20 Related to Section 504 Activities	45,000	8,931
23	Amount of line 20 Related to Security – Soft Costs	35,000	35,400
24	Amount of Line 20 Related to Security – Hard Costs	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0
Signature of Executive Director		Date	Signature of Public Housing Director
		7/13/11	
Date			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II Supporting Pages

PHA Name: Athens Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P01550109		CFFP (Yes/No): No		Federal FFY of Grant: 2009	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
TN015-001 Clem Jones	Bathroom Renovations	1460	70 units	0	0	0	0 Deleted
TN015-002 W.E. Nash	Bathroom Renovations	1460	12 units	0	0	0	0 Deleted
TN015-004 Hillcrest	Ranges/Refrigerators	1465.1	45 units	0	0	0	0 Deleted
TN015-005 Westwood Heights	Bathroom Renovations Kitchen Renovations Interior Painting	1460 1460 1460	55 units 55 units 55 units	0 0 0	0 0 0	0 0 0	0 Deleted 0 Deleted 0 Deleted
TN015-006 Ross Arrants	Bathroom Renovations Security Screens Interior Painting	1460 1460 1460	50 units 50 units 50 units	0 38,000 66,000	19,592 42,700 66,000	19,592 42,700 66,000	0 In Progress 32,758 In Progress 66,000 Complete
TN015-007 Forrest Hills	Step Repairs Carbon Monoxide Detectors Electrical Upgrades	1450 1460 1460	75 units 137 units 137 units	35,000 21,204 148,414	0 21,204 210,552	0 21,204 210,552	0 Deleted 0 In Progress 71,008 In Progress
TN015-009 Ridgeview	Heat Replacement	1460	20 units	0	19,287	19,287	19,287 Complete
TN015-010 Pruett	Termite Treatment	1460	34 units	11,895	11,895	11,895	11,895 Complete

Part II Supporting Pages		Grant Type and Number Capital Fund Program Grant No: TN37P01550109 CFFP (Yes/No): No		Federal FFY of Grant: 2009			
PHA Name: Athens Housing Authority	Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
PHA-WIDE	Police and Security		1408	1	35,000	35,400	35,400
Management Improvements							
PHA-WIDE	Advertising		1410	1	500	0	0
Administration	Modernization Coordinator		1410	1	20,000	19,232	19,232
	Employee Benefits		1410	1	12,000	11,608	11,608
PHA-WIDE	Clerk-of-the-Works		1430	1	14,000	9,523	9,523
Fees and Costs	A/E Fees		1430	1	27,000	31,868	31,868
PHA-WIDE	Handicap Renovations		1460	PHA-wide	45,000	8,931	8,931
Dwelling Structures	Exterior Painting		1460	PHA-wide	54,756	54,756	54,756
	GFI		1460	PHA-wide	79,144	69,253	69,253
	Walks		1460	PHA-wide	62,761	70,993	70,993
PHA-WIDE	Contingency		1502	1	32,120	0	0
	Contingency						

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

22 To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

Part III: Implementation Schedule for Capital Fund Program						
PHA Name: Athens Housing Authority						
Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FY of Grant: 2009
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates ¹		
TN015-001 Clem Jones	09/14/2011	12/31/2010	09/14/2013			
TN015-002 W.E. Nash	09/14/2011	12/31/2010	09/14/2013			
TN015-004 Hillcrest	09/14/2011	12/31/2010	09/14/2013			
TN015-005 Westwood Heights	09/14/2011	12/31/2010	09/14/2013			
TN015-006 Ross Arants	09/14/2011	12/31/2010	09/14/2013			
TN015-007 Forrest Hills	09/14/2011	12/31/2010	09/14/2013			
TN015-009 Ridgeview	09/14/2011	12/31/2010	09/14/2013			
TN015-010 Pruett	09/14/2011	12/31/2010	09/14/2013			
PHA-WIDE Management Improvements	09/14/2011	12/31/2010	09/14/2013			

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Athens Housing Authority

Part III: Implementation Schedule for Capital Fund Program						Federal FY of Grant: 2009
PHA Name: Athens Housing Authority		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ¹	
Development Number Name/PHA-Wide Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-WIDE Administration	09/14/2011	12/31/2010	09/14/2013			
PHA-WIDE Fees and Costs	09/14/2011	12/31/2010	09/14/2013			
PHA-WIDE Dwelling Structures	09/14/2011	12/31/2010	09/14/2013			
PHA-WIDE Contingency	09/14/2011	12/31/2010	09/14/2013			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37S01550109 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: ARRA FFY of Grant Approval: 2009		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	37,000	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	45,000	36,850	36,850	36,850
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	817,072	862,722	862,722	862,722
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs ⁴	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0228
Expires 4/30/2011

Part I: Summary			
PHA Name: Athens Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37S01550109 Replacement Housing Factor Grant No:	Federal FY of Grant: ARRA FFY OF Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
Obligated		Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	0	0
18b	9000 Collateralization or Debt Service paid via System of Direct Payment	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	889.572	889.572
21	Amount of line 20 Related to LBP Activities	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0
24	Amount of line 20 Related to Security – Hard Costs	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0
Signature of Executive Director		Date	Date
		7-13-11	
		Signature of Public Housing Director	

¹ To be completed for the Performance and Evaluation Report

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II Supporting Pages

PHA Name:		Grant Type and Number		CFFP (Yes/No): No		Federal FFY of Grant: ARRA	
Development Number	Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²
TN015-004	Kitchen Renovations	1460	45 units	155,964	106,081	106,081	106,081
Hillcrest	Roofing	1460	45 units	157,500	76,383	76,383	Complete
	Painting	1460	45 units	43,835	87,257	87,257	Complete
TN015-005	Kitchen Renovations	1460	55 units	190,622	148,039	148,039	Complete
Westwood Heights	Painting	1460	55 units	59,739	90,949	90,949	Complete
TN015-007	Flooring	1460	137 units	209,412	136,067	136,067	Complete
	Forrest Hills						
PHA-WIDE	Advertising	1410	1	500	0	0	Deleted
Administration	Modernization Coordinator	1410	1	25,000	0	0	Deleted
	Employee Benefits	1410	1	12,000	0	0	Deleted
PHA-WIDE	Clerk-of-the-Works	1430	1	15,000	0	0	Deleted
Fees and Costs	A/E Fees	1430	1	30,000	36,850	36,850	Complete
PHA-WIDE	Handicap Renovations	1460	PHA-wide	0	217,946	217,946	Complete
Dwelling Structures							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Athens Housing Authority			Federal FY of Grant: ARRA		
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹		
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
TN015-004 Hillcrest	03/17/2010	12/31/2009	03/17/2012	09/30/2010	
TN015-005 Westwood Heights	03/17/2010	12/31/2009	03/17/2012	09/30/2010	
TN015-007 Forrest Hills	03/17/2010	12/31/2009	03/17/2012	09/30/2010	
PHA-WIDE Administration	03/17/2010	12/31/2009	03/17/2012	09/30/2010	
PHA-WIDE Fees and Costs	03/17/2010	12/31/2009	03/17/2012	09/30/2010	
PHA-WIDE Dwelling Structures	03/17/2010	12/31/2009	03/17/2012	09/30/2010	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01550108	Replacement Housing Factor Grant No:	FFY of Grant: 2008
Line	PHA Name: Athens Housing Authority	Date of CFFF:		FFY of Grant Approval: 2008
		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11		
		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
		Original	Total Estimated Cost	Total Actual Cost ¹
1	Total non-CFP Funds	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0
3	1408 Management Improvements	30,000	19,981	19,981
4	1410 Administration (may not exceed 10% of line 20)	25,689	17,740	17,740
5	1411 Audit	0	0	0
6	1415 Liquidated Damages	0	0	0
7	1430 Fees and Costs	42,031	38,934	38,934
8	1440 Site Acquisition	0	0	0
9	1450 Site Improvement	0	0	0
10	1460 Dwelling Structures	612,954	634,019	634,019
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0
12	1470 Non-dwelling Structures	0	0	0
13	1475 Non-dwelling Equipment	0	0	0
14	1485 Demolition	0	0	0
15	1492 Moving to Work Demonstration	0	0	0
16	1495.1 Relocation Costs	0	0	0
17	1499 Development Activities ⁴	0	0	0

¹ To be completed for the Performance and Evaluation Report

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**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Athens Housing Authority		Capital Fund Program Grant No: TN37P01550108 Replacement Housing Factor Grant No: 2008		2008 FFY OF Grant Approval:	
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Revised ^a	Obligated	Total Actual Cost ^c
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	710,674	710,674	710,674	710,674
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	30,000	19,981	19,981	19,981
24	Amount of Line 20 Related to Security – Hard Costs Measures	0	0	0	0
25	Amount of line 20 Related to Energy Conservation	0	0	0	0
Signature of Executive Director		Date	Signature of Public Housing Director	Date	
		7.13.11			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II Supporting Pages		Grant Type and Number Capital Fund Program Grant No: TN37P01550108 CFFP (Yes/No): No		Federal FFY of Grant: 2008			
PHA Name: Athens Housing Authority	Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²
							Funds Expended ²
TN015-001 Clem Jones	Bathroom Renovations	1460	70 units	0	34,507	34,507	34,507 Complete
TN015-002 W.E. Nash	Bathroom Renovations	1460	12 units	0	6,480	6,480	6,480 Complete
TN015-004 Hillcrest	Bathroom Renovations	1460	45 units	0	0	0	Deleted 0
	Kitchen Renovations	1460	45 units	0	0	0	Deleted 0
	Interior Painting	1460	45 units	0	0	0	Deleted 0
	Exterior Doors	1460	45 units	0	0	0	Deleted 0
	Air Conditioners	1460	45 units	0	0	0	Deleted 0
	Handicap Renovations	1460	Dev.-wide	203,242	196,242	196,242	196,242 Complete
TN015-006 Ross Arrants	Kitchen Renovations	1460	50 units	189,889	206,692	206,692	206,692 Complete
TN015-007 Forrest Hills	Step Repairs	1450	75 units	0	0	0	Deleted 0
	Bathroom Renovations	1460	75 units	183,673	137,205	137,205	Complete
	Exterior Painting	1460	75 units	36,150	36,150	36,150	Complete
TN015-009 Ridgeview	Heat Replacement	1460	20 units	0	16,743	16,743	16,743 Complete
PHA-WIDE Operations	Operating Expense	1406	1	0	0	0	Deleted 0

Part II Supporting Pages		Grant Type and Number		CFFP (Yes/No): No		Federal FFY of Grant: 2008	
PHA Name:	Athens Housing Authority <th>Capital Fund Program Grant No: TN37P01550108</th> <th>Replacement Housing Factor Grant No:</th> <th></th> <th></th> <th></th>	Capital Fund Program Grant No: TN37P01550108	Replacement Housing Factor Grant No:				
Development Number/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
PHA-WIDE	Police and Security	1408	1	30,000	19,981	19,981	Complete
Management Improvements							
PHA-WIDE Administration	Advertising Employee Benefits Modernization Coordinator	1410 1410 1410	1 1 1	254 8,886 16,548	254 6,268 11,218	254 6,268 11,218	Complete Complete Complete
PHA-WIDE Fees and Costs	Clerk-of-the-Works A/E Fees Consultant Fees for Energy Audit Consultant Fees for 504 N A Consultant Fees for PNA Contingency Contingency	1430 1430 1430 1430 1430 1502	1 1 1 1 1 1	9,156 19,750 3,875 4,500 4,750 0	6,059 19,750 3,875 4,500 4,750 0	6,059 19,750 3,875 4,500 4,750 0	Complete Complete Complete Complete Complete Deleted

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Athens Housing Authority	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)		Federal FY of Grant: 2008
Development Number Name/PHA-Wide Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates ¹	
TN015-001 Clem Jones	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
TN015-002 W.E. Nash	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
TN015-004 Hillcrest	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
TN015-006 Ross Attrants	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
TN015-007 Forrest Hills	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
TN015-009 Ridgeview	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
PHA-WIDE Operations	NA	NA	NA	NA		
PHA-WIDE Management Improvements	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
PHA-WIDE Administration	06/12/2010	03/31/2009	06/12/2012	09/30/2009		
PHA-WIDE Fees and Costs	06/12/2010	03/31/2009	06/12/2012	09/30/2009		

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Athens Housing Authority

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Capital Fund Program—Five-Year Action Plan

Part I: Summary		Locality (City/County & State) Athens/McMinn County Tennessee			
PHA Name/Number	Athens Housing <u>Authority/TN015</u>	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014
B.	Physical Improvements	426,893	439,893	436,393	436,393
	Subtotal				
C.	Management Improvements	36,000	36,000	37,000	37,000
D.	PHA-Wide Non-dwelling Structures and Equipment	0	0	0	0
E.	Administration	32,500	32,500	34,500	34,500
F.	Other (1430,1502)	118,377	105,377	105,877	105,877
G.	Operations	0	0	0	0
H.	Demolition	0	0	0	0
I.	Development	0	0	0	0
J.	Capital Fund Financing – Debt Service	0	0	0	0
K.	Total CFP Funds	613,770	613,770	613,770	613,770
L.	Total Non-CFP Funds	0	0	0	0
M.	Grand Total	613,770	613,770	613,770	613,770

Original 5-Year Plan Revision No:

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year: 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	Development Number/Name Categories	Quantity	Estimated Cost	Development Number/Name Categories	Quantity	Estimated Cost
See Attached Statement	TN015-001/Clem Jones	70 units	28,000	TN015-001/Clem Jones	70 units	162,000
	Plumbing	70 units	45,500			
	Water Heaters	70 units				
	TN015-002/W.E. Nash	12 units	4,800	TN015-002/W.E. Nash	12 units	31,200
	Plumbing	12 units				
	Water Heaters	12 units	7,800			
	TN015-003/Ester Bloom	18 units	7,200	TN015-003/Ester Bloom	18 units	46,800
	Plumbing	18 units				
	Water Heaters	18 units	11,700	Heat System	45 units	74,343
	TN015-004/Hillcrest	45 units	81,000	TN015-007/Forrest Hills	137 units	94,050
	Exterior Doors	45 units	29,250	Water Heaters		
	Water Heaters			PHA-WIDE/Dwelling Structures		
	TN015-005/Westwood Heights	55 units	99,000	HVAC		
	Exterior Doors			PHA-wide		
	TN015-006/Ross Arrants	50 units	89,643			
	Exterior Doors	50 units	32,500			
	Water Heaters					
	Subtotal of Estimated Cost		\$436,893	Subtotal of Estimated Cost		\$436,893

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Part III: Supporting Pages – Management Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Athens Housing Authority

PHA Name

TN015

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20____ - 20____

Annual PHA Plan for Fiscal Years 2011 - 2015

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Frances Williams	Title Board Chairperson
Signature <i>Frances Williams</i>	Date 7-13-11

Civil Rights Certification

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Athens Housing Authority**TN015****PHA Name****PHA Number/HA Code**

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Name of Authorized Official	Frances Williams	Title	Board Chairperson
Signature	Frances Williams	Date	7-13-11

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB# 2577-0226
Expires 06/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Mary McLennan _____ the Director, Research and Planning _____ certify that the Five Year and Annual PHA Plan of the Athens Housing Authority _____ is consistent with the Consolidated Plan of State of Tennessee _____ prepared pursuant to 24 CFR Part 91.

Mary McLennan 7/11/11

Signed / Dated by Appropriate State or Local Official

ATHENS HOUSING AUTHORITY

FY 2011 5-Year and Annual Agency Plan

EXECUTIVE SUMMARY

The Athens Housing Authority (AHA) is completing this FY 2011 Agency Plan in consultation with AHA residents and the local community.

Overview:

HUD requires that all Public Housing Authorities submit a 5-Year and annual agency plan every five years. The primary focus of the agency plan is to address proposed capital improvements for FY 2011 and FY 2012-2015.

Capital Improvements:

Our projected FY 2011 funding under the Public Housing Capital Fund Program is estimated to be approximately \$613,000.

Our primary focus for the 2011 program year will include:

- Range/Refrigerator replacement in TN015-001, TN015-002, TN015-003 and TN015-010
- Roofing replacement in TN015-005 and TN015-006

The AHA is not proposing any demolition and/or disposition of property.

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name
Athens Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attached List

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
J. Ross Dodson, Jr.

Signature



Title
Executive Director

Date

7-13-11

**ATHENS HOUSING AUTHORITY
DEVELOPMENTS**

TN015-001	Clem Jones	Athens, Tennessee
TN015-002	W.E. Nash	Athens, Tennessee
TN015-003	Ester Bloom	Athens, Tennessee
TN015-004	Hillcrest	Athens, Tennessee
TN015-005	Westwood	Athens, Tennessee
TN015-006	Ross Arrants	Athens, Tennessee
TN015-007	Forrest Hills	Athens, Tennessee
TN015-009	Ridgeview	Athens, Tennessee
TN015-010	Puett	Athens, Tennessee

Certification of Payments to Influence Federal Transactions

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

Applicant Name

Athens Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

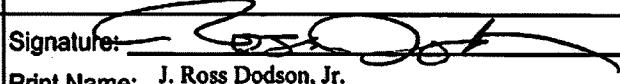
**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

Name of Authorized Official J. Ross Dodson, Jr.	Title Executive Director
Signature 	Date (mm/dd/yyyy) 7-13-11

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
 (See reverse for public burden disclosure.)

Approved by OMB
 0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year <u>NA</u> quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier <u> </u> . If known: Athens Housing Authority 199 Clark Street Athens, Tennessee 37303	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: <u>NA</u>	
Congressional District, if known:	Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: FFY 2011 Five Year and Annual Agency Plan CFDA Number, if applicable: _____	
8. Federal Action Number, if known: <u>NA</u>	9. Award Amount, if known: <u>\$ 613,770</u>	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> <u>NA</u>	b. Individuals Performing Services (including address if different from No. 10a) <i>(last name, first name, MI):</i> <u>NA</u>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
Federal Use Only:	Signature: <u></u> Print Name: <u>J. Ross Dodson, Jr.</u> Title: <u>Executive Director</u> Telephone No.: <u>(423) 745-0341</u> Date: <u>7-13-11</u>	
		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Comments of Resident Advisory Board

The Athens Housing Authority (AHA) conducted its Resident Advisory Board (RAB) Meeting on May 17, 2011 at the AHA Community Room. The purpose of the meeting was to discuss the FY 2011 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the AHA arrived with the information. The Board showed favorable consideration to the FY 2011 PHA Agency Plan and only had comments relative to capital improvements. It was noted that the improvements the RAB would like to see undertaken have been included in the Plan.

APPENDIX- S

VIOLENCE AGAINST WOMEN ACT POLICY

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member of the tenant's family if the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitating with, or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

Immediate Family Member: A spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

POLICY

Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Housing Authority to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the HA as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

Criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant’s family is the victim or threatened victim of the abuse.

Rights of the Housing Authority

The HA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases, or assistance under HUD’s Public Housing Program.

Certification of Abuse and Confidentiality

The HA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the HA. In lieu of Form HUD 50066, the individual may provide the HA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

Notification to Residents

The PHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents’ right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

Confidentiality

All information provided to the HA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the HA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

NOTICE TO RESIDENTS AND APPLICANTS REGARDING RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 Program.

Individuals may not be denied housing assistance, terminated from Public Housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate "an actual and imminent threat to other tenants or those employed at or providing service to the property." Where such a threat can be demonstrated by the HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA's request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

The Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. The HA may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by the Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

You may obtain a copy of the PHA's written policy concerning domestic violence, dating violence, and stalking from the HA's main office. Please note that the written policy contains, among other things, definitions of the terms "domestic violence", "dating violence", "stalking", and "immediate family".

Other resources that may be of assistance include the National Domestic Violence Hotline (1-800-799-SAFE), and the National Domestic Violence Hotline website <http://www.ndvh.org>.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0249

Exp. (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member:

Name of the Victim of Domestic Violence:

Name(s) of other family members listed on the lease

Name of the abuser:

Relationship to Victim:

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0249

Exp. (05/31/2007)

Date the incident of domestic violence occurred:

Time: _____

Location of Incident:

Name of victim:

Description of Incident:

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0249

Exp. (05/31/2007)

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.